

# Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Guidance

It should be noted that the local authorities have different processes for receiving safeguarding referrals.

These procedures, however, refer to both Nottingham City and the County of Nottinghamshire.

**Please note that these procedures are updated online so printed versions are only valid on the day they are printed.**

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# 1 Prevention and Early Intervention

Critical to the vision in the Care Act 2014 is that the care and support system works to actively promote wellbeing and independence, and does not just wait to respond when people reach a crisis point. It is essential that all colleagues across the Statutory; Private; Voluntary and Independent sectors proactively intervene at an early stage to minimise the potential chances of an Adult at Risk becoming vulnerable to exploitation, abuse or harm.

There are a whole range of actions that can be taken to prevent or minimise the risk of abuse or harm. All colleagues across the various sectors are encouraged to undertake a range of activities to inform themselves of available services and signposting that will promote general wellbeing and maintain independence as a means of eliminating or reducing an adult at risk's vulnerability to potential exploitation, abuse or neglect.

Early intervention in service delivery includes training all staff that go into people's homes or care homes to be the "eyes and ears" with regard to safeguarding and to identify and minimise risk in relation to social isolation.

The top tips have been developed for those visiting people in their own homes and in care homes as the largest numbers of safeguarding referrals and enquiries relate to adults in these locations. Many of the tips, however are also relevant for other settings.

## 1.1 Top Tips for front line staff visiting adults in their own homes

- Whatever the purpose of your visit, take a broad view of the adult's wellbeing. **Ask the adult** for their views on the care they are receiving.
- Look at the adult's home environment. Is it warm, clean and safe? Signs of neglect or acts of omission may include:
  - Poor environment – appears dirty or unhygienic overflowing bins etc.
  - Poor physical condition and/or poor personal hygiene
  - Pressure sores or ulcers
  - Malnutrition or unexplained weight loss
  - Accumulation of untaken medication
  - Inappropriate or inadequate clothing
  - Remaining in the same bed/chair for long periods of time
  - Lack of food or out of date food in the fridge

Other Possible Indicators:

- Is the adult worried about their finances? This can sometimes be an indicator of wider concerns.
- **If you identify concerns, talk to the adult about your concerns and seek their views on what to do about them.**
- Consult relatives and friends of the adult you are visiting. Lessons learned from previous reviews tell us that often relatives and friends harbour concerns but do not speak up, or do not know who to turn to in order to express their concerns

- Ask the adult about their family and friends. Do they have regular visitors who would notice a deterioration in their well-being or the quality of care they are receiving? If they do, consider talking to the adult about sharing information with people in their informal support network, about how to raise concerns.
- If you are concerned about the care the adult is receiving, check to see what care and support they should be receiving.
- **Be curious** - try to find out more about your concerns before reporting them.
- If during your visit you observe care being delivered by a home care service which give rise to concerns, before reporting this as a safeguarding concern, make your observations known to the care worker and use your own skills to model how the care should be delivered.
- If you still have concerns about care being delivered, and if you feel confident to do so, **contact the home care manager** and share your observations. Are you satisfied that the manager will address your concerns? Assess the level of risk and take action accordingly, including speaking to your line manager.
- **Take responsibility** for your observations and take appropriate action.
- With their permission, make time to familiarise yourself with other aspects of the adult's care & support plan and professional support network. Working collaboratively with the team around the adult (with their consent or if they lack capacity, in their best interests) will enable you to share information to support early intervention and could help prevent a deterioration in their wellbeing.
- Record your concerns and the action that you took and refer back to this next time you visit. If your concerns remain, consider taking further action, which may include speaking to adult social care.

## 1.2 Top Tips for front line staff visiting care homes

- When you visit a particular resident, take the opportunity to consider the home more broadly:
  - What does the home look, sound, smell & feel like?
  - How do the other residents seem? Are they engaged in activities? What happens at meal times?
  - Are staff, including the manager, visible, approachable & purposeful?
  - How do the staff engage with the residents? Are call bells responded to promptly or do they ring repeatedly?
  - Is visiting encouraged?
  - Are complaints & advocacy encouraged (e.g. can you see posters explaining how to contact safeguarding, CQC)?
  - **Would you like a friend or family member to live here?**
  - Be alert to the risk of complacency about poor care
- **Talk to the adult** who you are visiting and ask for their views: consider their **wellbeing** in the broadest sense.
- **Consult relatives and friends of the adult you are visiting.** Lessons learned from previous Provider Investigations tell us that often relatives and friends harbour concerns but do not speak up, or do not know who to turn to in order to express their concerns.

- Explain your role and the purpose of your visit to the manager/senior carer. Make time to say hello to domestic staff and care staff. Reflect on what your interactions with them tell you about the home.
- Is the whole home open & accessible? Be alert to staff and managers who seem guarded, reluctant to share plans with you, or reluctant for you to access areas of the home other than the office.
- Does communication work well within the home, e.g. are recommendations passed on? Is information being handed over from one shift to the next?
- **Take responsibility** for your observations and take appropriate action.
- **Be curious.** If you have identified a concern in one area, might this indicate disorganisation or concerns in other areas? What does your 'gut instinct' or practice wisdom tell you?
- If you are concerned and feel confident to do so, **take the time to talk to the manager of the home during your visit and share your observations.** In some instances the manager may be able to resolve the issue immediately (for example a blocked fire door). Are you satisfied that the manager will address your concerns?
- Talk to members of your team who visit the same home, share your observations & concerns.
- For clinical staff: if during your visit you observe poor care being delivered, before reporting this as a safeguarding concern, make your observations known to the care worker and the care home manager, and use your own skills to model how the care should be delivered.
- Record your concerns and the action that you took and refer back to this next time you visit. If progress hasn't been made, discuss with the care home manager. Give them the opportunity to make a safeguarding referral themselves if necessary, but follow up to ensure that this has happened. Assess the level of risk and take action accordingly.

### 1.3 Promoting wellbeing and Independence

As part of the general day to day contact with adults who are in contact with care and support systems, colleagues are encouraged to;

- Promote early discussions amongst families/groups about potential future changes to health and wellbeing
- Identify vulnerability factors and potential risks as part of a needs assessment and address these as part of the support planning process.
- Provide people with information about sources of independent information, advice and advocacy relevant to the adults' health & social care needs

### 1.4 Social Isolation

Research shows that social isolation can lead to abusive situations and provides an opportunity for exploitation. Abusers can take advantage of a socially isolated person or use social isolation to exert their power and enhance their control. When people have less support, they are less able to report concerns. Colleagues can take action by:

- Reducing loneliness or isolation (e.g. via befriending schemes or community activities)

- Using support plans to reduce loneliness or isolation and helping the person to strengthen or build their social and support networks.
- Consult on-line directories to provide information to adults who want to increase their social networks
- For residents in Nottingham City see [www.asklion.co.uk](http://www.asklion.co.uk)
- For residents in Nottinghamshire County see [nottshelpyourself](http://nottshelpyourself).

## 1.5 Carers Support

Social isolation is both a risk and an impact factor for people caring for others. Carers may be socially isolated because of their caring role and the impact it has on them. They may experience abuse from the cared for person and this increases their social isolation. Further, they may be unwilling or unable to talk about it.

A carer is anyone who cares, unpaid, for a friend or family member, who due to illness; disability; substance misuse or a mental health need, cannot cope without their support. A young carer is someone under 18 who does this. Local authorities have clear responsibilities towards carers.

Caring can be very rewarding. However taking on the responsibilities of caring can have a major impact on an individual's life, often leading to isolation and exhaustion. For adult carers it can impact on their ability to work and may lead to ill health and for young carers it can hold back their educational progress and limit their social development.

As carers play a valuable role in safeguarding, it is vital that they are supported in their role, either through a referral to the Local Authority for a Carers Assessment, or via a referral to the respective organisations in Nottingham and Nottinghamshire which provide advice and support for carers. Information regarding local and national support for carers is available via the following links

- <https://carerstrustem.org/>
- <https://www.carersuk.org/help-and-advice/get-support>

## 1.6 Reducing the potential risk of financial exploitation

Provide people with information about the role of the Court of Protection and Office of the Public Guardian as well as the mechanisms available (e.g. power of attorney, deputyship, Department of Work and Pensions appointee-ship) to ensure their best interests are protected and to safeguard against financial exploitation if they lose their capacity to make welfare and/or property and financial decisions in the future.

Financial or material abuse including theft, fraud, exploitation, pressure in connection with wills; property; inheritance; financial transactions, or the misuse or misappropriation of property, possessions or benefits **may** be indicated by:

- Change in living conditions
- Lack of heating, clothing or food
- Unexplained sudden inability to pay bills or maintain lifestyle
- Unusual or inappropriate bank account activity
- Withholding money
- Unexplained loss/misplacement of financial documents
- Recent change of deeds or title of property
- Sudden or unexpected changes in a will or other financial documents

- Unusual interest shown by family or other in the person's assets
- Person managing financial affairs is evasive or uncooperative
- Misappropriation of benefits and / or use of the adult's money by other members of the household
- Fraud or intimidation in connection with wills property or other assets

Internet scams, postal scams and doorstep crime are more often than not targeted at adults at risk and all are forms of financial abuse. These scams are becoming ever more sophisticated and elaborate. For example:

- Internet scammers can build very convincing websites
- People can be referred to a website to check the caller's legitimacy but this may be a copy of a legitimate website
- Postal scams are massed-produced letters which are made to look like personal letters or important documents
- Doorstep criminals call unannounced at the adult's home under the guise of legitimate business offering to fix an often non-existent problem with their property. Sometimes they pose as police officers or someone in a position of authority.

In all cases this is financial abuse and the adult at risk can be persuaded to part with large sums of money, and in some cases their life savings. These scams and crimes can seriously affect the health, including mental health, of an adult at risk. Agencies working together can better protect adults at risk. Failure to do so can result in an increased cost to the state, especially if the adult at risk loses their income and independence.

Where the abuse is perpetrated by someone who has the authority to manage an adult's money, the relevant body should be informed - for example, the Office of the Public Guardian for deputies or attorneys and Department for Work and Pensions (DWP) in relation to appointees. If anyone has concerns that a DWP appointee is acting incorrectly, they should contact the DWP immediately. Note that the DWP can get things done more quickly if it also has a National Insurance number in addition to a name and address. However, people should not delay acting because they do not know an adult's National Insurance number. The important thing is to alert DWP to their concerns. If the DWP knows that the person is also known to the local authority, then it should also inform the relevant authority.

Further ADASS, LGA and National Trading Standards guidance on financial abuse and scams can be found using the following link:

[Top tips on financial abuse and scams](#)

The office of public guardian can be found via the following link:

<https://www.gov.uk/government/organisations/office-of-the-public-guardian>



## 2 Possible Indicators of Abuse

**The indicators below are by no means exhaustive and you should not wait until one of these factors become apparent.**

**If you are ever in doubt whether an adult at risk has been abused, you should raise the concern with a person responsible for referring to the local authority or safeguarding lead within your organisation and your manager (if different) immediately, in line with the safeguarding adults procedure.**

### 2.1 Physical Abuse:

Including hitting; slapping; pushing; kicking; misuse of medication; restraint; or inappropriate sanctions **may** be indicated by:

- Any injury not fully explained by the history given
- Injuries inconsistent with the lifestyle of the adult at risk
- Bruises and / or welts on face, lips, mouth, torso, arms, back, buttocks, thighs
- Clusters of injuries forming regular patterns
- Burns
- Friction burns, rope or electric appliance burns
- Multiple fractures
- Lacerations or abrasions to mouth, lips, gums, eyes, external genitalia
- Marks on body, including slap marks, finger marks
- Injuries at different stages of healing
- Medication misuse

### 2.2 Domestic Abuse and Violence

Including psychological, physical, sexual, financial, emotional abuse and honour based violence.

The cross-government definition of domestic violence and abuse is:

- Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality
- The abuse can encompass, but is not limited to psychological, physical, sexual, financial, emotional abuse; so called 'honour' based violence; female genital mutilation; and forced marriage
- Age range extended down to 16 (although these procedures should only be followed if an adult at risk aged 18 or over, as per the criteria in the Nottingham and Nottinghamshire Safeguarding Adults Procedures for Referrers, is subject to domestic violence)

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both.

The offence closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to those experiencing continuous abuse and allowing for earlier identification, intervention and prevention. Read the [accompanying statutory guidance](#) for further information.

Further guidance to support practitioners and managers entitled Adult Safeguarding and Domestic Abuse published by ADASS and the LGA can be found at:

<https://www.local.gov.uk/sites/default/files/documents/adult-safeguarding-and-do-cfe.pdf>

### 2.3 Sexual Abuse

Including rape and sexual assault or sexual acts to which the adult at risk has not consented; is incapable of giving informed consent or was pressured into consenting. This may involve contact or non- contact abuse (e.g. touch, masturbation, being photographed, teasing and inappropriate touching) and may be indicated by:

- Significant change in sexual behaviour or attitude
- Pregnancy
- Wetting or soiling
- Poor concentration
- Adult at risk appearing withdrawn, depressed, stressed
- Unusual difficulty in walking or sitting
- Torn, stained or bloody underclothing
- Bruises, bleeding, pain or itching in genital area
- Sexually transmitted diseases, urinary tract or vaginal infection, love bites
- Bruising to thighs or upper arms

### 2.4 Psychological abuse

Including emotional abuse; threats of harm or abandonment; deprivation of contact; humiliation; blaming; controlling; intimidation; coercion; harassment; verbal abuse; isolation or withdrawal from services or supportive networks **may** be indicated by:

- Change in appetite
- Low self-esteem, deference, passivity and resignation
- Unexplained fear, defensiveness, ambivalence
- Emotional withdrawal
- Sleep disturbance

### 2.5 Financial or material abuse

Includes theft; fraud; exploitation; pressure in connection with wills; property; inheritance; financial transactions or the misuse or misappropriation of property, possessions or benefits.

Further information can be found in **1.5** in the prevention and early intervention section.

Further ADASS, LGA and National Trading Standards guidance on financial abuse and scams can be found using the following link: [Top tips on financial abuse and scams](#)

### 2.6 Modern Slavery

Encompasses slavery, human trafficking; forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment. People who have been trafficked may:

- Show signs of consistent abuse or have untreated health issues
- Have no identification documents in their personal possession, and little or no finances of their own
- Be unwilling to talk without a more 'senior', controlling person around who may act as their translator
- Sleep in a cramped, unhygienic room in a building that they are unable to freely leave
- Be unable to leave their place of work to find different employment, and fear that bad things may happen if they do
- Be charged for accommodation or transport by their employers as a condition of their employment, at an unrealistic and inflated cost which is deducted from wages
- Be forced to work to pay off debts that realistically they will never be able to

They may be forced to work in certain types of industries or activities, such as:

- Factories, farms or fast food restaurants
- Domestic service, such as a cleaner or nanny
- Street crime, such as pickpocketing or robbery
- Services of a sexual nature, such as escort work, prostitution or pornography

## 2.7 Discriminatory abuse

Including racism; sexism; that based on a person's disability, culture and other forms of harassment, slurs or similar treatment **may** be indicated by:

- Lack of respect shown to an individual
- Signs of a sub-standard service offered to an individual
- Repeated exclusion from rights afforded to adults such as health, education, employment, criminal justice and civic status
- Unequal treatment based on age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex or sexual orientation (known as '[protected characteristics' under the Equality Act 2010](#))
- Verbal abuse, derogatory remarks or inappropriate use of language related to a protected characteristic
- Denying access to communication aids, not allowing access to an interpreter, signer or lip-reader
- Harassment or deliberate exclusion on the grounds of a protected characteristic

## 2.8 Organisational abuse (previously known as institutional abuse)

Neglect and poor professional practice in care settings also need to be taken into account. It may take the form of isolated incidents of poor practice at one end of the spectrum, through to pervasive ill treatment or gross misconduct at the other. It can occur when the routines, systems, communications and norms of an institution compel individuals to sacrifice their preferred lifestyle and cultural diversity to the needs of that institution. Repeated instances of poor care may be an indication of more serious problems. Organisational abuse **may** be indicated by:

- Inappropriate or poor care
- Misuse of medication
- Restraint
- Sensory deprivation e.g. denial of use of spectacles, hearing aid etc.
- Lack of respect shown to personal dignity
- Lack of flexibility and choice: e.g. mealtimes and bedtimes, choice of food
- Lack of personal clothing or possessions
- Lack of privacy

- Lack of adequate procedures e.g. for medication, financial management
- Controlling relationships between staff and service users
- Poor professional practice

## 2.9 Neglect and acts of omission

Including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, and the withholding of the necessities of life, such as medication, adequate nutrition and heating **may** be indicated by:

- Physical condition of person is poor e.g. bed sores, unwashed, pressure ulcers (see below for more information on pressure ulcers)
- Clothing in poor condition e.g. unclean, wet, ragged
- Inadequate physical environment
- Inadequate diet
- Untreated injuries or medical problems
- Inconsistent or reluctant contact with health or social care agencies
- Failure to engage in social interaction
- Malnutrition when not living alone
- Inadequate heating
- Failure to give prescribed medication
- Poor personal hygiene
- Failure to provide access to key services such as health care, dentistry, prostheses

Neglect can also lead to pressure ulcers. If you suspect a pressure ulcer is as a result of neglect please follow the [Pressure Ulcer Protocol](#) in conjunction with your own internal procedures for pressure ulcers

## 2.10 Self-Neglect

Self-neglect covers a wide range of behaviours - neglecting to care for one's personal hygiene, health or surroundings including hoarding. It should be noted that whilst self-neglect may not prompt a section 42 enquiry, it should still be referred and assessed on a case-by-case basis.

A decision on whether a response is required under safeguarding will depend on the adult's ability to protect themselves by controlling their own behaviour and the level of risk including the impact on others. Separate self-neglect guidance can be accessed using this link: [www.safeguardingadultsnotts.org](http://www.safeguardingadultsnotts.org) or [www.nottinghamcity.gov.uk/safeguardingadults](http://www.nottinghamcity.gov.uk/safeguardingadults).

You should also consider the Nottinghamshire Multi-Agency Hoarders Framework which can be accessed using the following link: [Nottingham and Nottinghamshire Multi-Agency Hoarders Framework](#)

## 2.11 Self-harm

Self-harm is not a category of abuse under the Care Act and so does not fall under the scope of these procedures. However, it may be an indicator of or caused by other types of abuse. Even if this is not the case, you still have a duty of care. For more information on self-harm visit [www.nice.org.uk](http://www.nice.org.uk).

## 3 Other Factors for Consideration

### 3.1 Safeguarding children

The safety of others should also be considered. If a child or young person is thought to be at risk, you should make a referral to the relevant local authority following their safeguarding children/child protection procedures.

Where the allegation relates to non-recent abuse that happened when the adult at risk was a child, it should be dealt with under child protection procedures in the same way as a contemporary concern and a referral should be made to the relevant local authority.

The Nottinghamshire Safeguarding Children Board provides, amongst other things, the guidance and thresholds for safeguarding children; these can be found in the pathway to provision documentation. More information on this can be found at [www.nottinghamshire.gov.uk/pathwaytoprovision](http://www.nottinghamshire.gov.uk/pathwaytoprovision).

Nottingham City Safeguarding Children Board provides, amongst other things, guidance and thresholds for safeguarding children; more information on this can be found at <http://www.nottinghamcity.gov.uk/ncscb>

### 3.2 Think family

The 'Think Family' approach calls for adults and children's services to work closely together and take a whole family approach to ensure better outcomes for children and adults from families with complex needs.

The Social Care Institute for Excellence key messages from Think Family are:

- Think child, think parent, think family in order to develop new solutions to improve outcomes for parents with mental health problems and their families
- Take a multi-agency approach, with senior level commitment to implement a think family strategy
- Review whether criteria for access to adult mental health and to children's services take into account the individual and combined needs of children, parents and carers
- Ensure screening systems in adult mental health and children's services routinely and reliably identify and record information about adults with mental health problems who are also parents
- Listen to parents and children – most want support that is flexible, based on a relationship with a key worker and takes account of their practical priorities
- Build resilience and manage risk – ensure ready access to specialist mental health and children's safeguarding services when needed and that staff know who makes what decision in what circumstances
- Be creative – consider allocating an individual budget to provide flexibility and tackle stigma by developing non-traditional ways of providing services
- Increase every family member's understanding of a parent's mental health problem – this can strengthen their ability to cope

For more information on Think Family follow this link: [www.scie.org.uk/publications/guides/guide30/](http://www.scie.org.uk/publications/guides/guide30/)

### 3.3 Multi-agency public protection arrangements (MAPPA)

Multi-agency public protection arrangements (MAPPA) is the name given to arrangements for the "responsible authorities" tasked with the management of registered sex offenders, violent and other types of sexual offenders, and offenders who pose a serious risk of harm to the public.

The "responsible authorities" of the MAPPA include the [National Probation Service](#), HM Prison Service and England and Wales Police Forces. MAPPA is coordinated and supported nationally by the Public Protection Unit within the National Offender Management Service. MAPPA was introduced by the [Criminal Justice and Courts Services Act 2000](#) and was strengthened under the [Criminal Justice Act 2003](#).

Other organisations have a duty to cooperate with the responsible authority, including the sharing of information. These include:

- Local authority children and family, and adult social care services
- Clinical Commissioning Groups and NHS Trust Development Authority
- Jobcentre Plus
- Youth offending teams
- Local housing authorities
- Registered social landlords with accommodation for MAPPA offenders

For more information about MAPPA follow this link: [MAPPA](#)

### **3.4 Violence to staff**

If there is a concern about violence to staff being committed by an adult at risk, then your own internal 'violence to staff' procedures should be followed.

## 4 Links to Other Processes

### 4.1 Linking other processes to safeguarding adults

**There is a link between some legislation, procedures and guidance, which may mean you need to follow more than one process at the same time. Some examples are given below. Where an adult at risk is subject to any of the following, these safeguarding adults' procedures must be considered in addition to any other work.**

### 4.2 Domestic violence and abuse

**Interface with safeguarding adults - If an adult at risk is subject to domestic abuse, these multi-agency procedures will need to be followed in conjunction with your own internal procedures for domestic abuse.**

Domestic violence and abuse is defined by the Government as the following; 'any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- Psychological
- Physical
- Sexual
- Financial
- Emotional

Controlling behaviour is a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault; threats; humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.\*

\*This definition includes so called 'honour' based violence, female genital mutilation and forced marriage, and is clear that victims are not confined to one gender or ethnic group. ( See 4.3.for more details).

A new offence of coercive and controlling behaviour in intimate and familial relationships was introduced into the Serious Crime Act 2015. The offence will impose a maximum 5 years imprisonment, a fine or both. This closes a gap in the law around patterns of coercive and controlling behaviour during a relationship between intimate partners, former partners who still live together, or family members, sending a clear message that it is wrong to violate the trust of those closest to you, providing better protection to victims experiencing continuous abuse and allowing for earlier identification, intervention and prevention.

Coercive and controlling behaviour can include:

- Acts of assault, threats, humiliation and intimidation
- Harming, punishing, or frightening the person
- Isolating the person from sources of support
- Exploitation of resources or money
- Preventing the person from escaping abuse
- Regulating everyday behaviour

**If someone is at risk of immediate risk of abuse then please call the police on 999. If the incident(s) did not**

happen recently then please call the police on 101.

### ***Multi-agency risk assessment conferences (MARAC)***

Multi-agency risk assessment conferences (MARAC) are meetings held with local agencies discussing the higher risk victims of domestic abuse in their area. All agencies attending the MARAC are signed up to the Nottinghamshire information sharing agreement and confidentiality is a priority. This operates in both Nottingham and Nottinghamshire local authorities.

The only time where the confidentiality is broken is where there are concerns about children or adults at risk. Agencies share information about the whole family and suggest actions to make adults at risk and children safe and hold the person posing a risk to account.

The main aim of the MARAC is to increase the safety, health and wellbeing of adults and any children, and any information is kept within the MARAC. More information on the MARAC and its process, including how to refer into the MARAC can be found at <http://www.nottinghamcdp.com/marac-toolkit/>.

### **4.3 Honour based violence and forced marriage**

**Interface with safeguarding adults. If an adult at risk is subject to honour-based violence or a forced marriage, these multi-agency procedures will need to be followed in conjunction with your own internal procedures for honour based violence and forced marriage.**

#### ***Honour Based violence***

The Crown Prosecution Service and Association of Chief Police Officers have a common definition of honour-based violence:

"Honour based violence" is a crime or incident, which has or may have been committed to protect or defend the honour of the family and/or community'.

This definition is supported by further explanatory text:

"Honour Based Violence" is a fundamental abuse of Human Rights.

There is no honour in the commission of murder, rape, and kidnap and the many other acts, behaviour and conduct which make up "violence in the name of so-called honour".

The simplicity of the above definition is not intended in any way to minimise the levels of violence, harm and hurt caused by the perpetration of such acts.

It is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur if it is perceived that a relative has shamed the family and / or community by breaking their honour code.

Women are predominantly (but not exclusively) the victims of 'so called honour based violence', which is used to assert male power in order to control female autonomy and sexuality.

Honour based violence can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members.



## ***Forced Marriage***

The definition of forced marriage that the Crown Prosecution Service uses is the definition adopted by the Government and the Association of Chief Police Officers. Forced marriage as set out in '[A Choice by Right](#)' published by HM Government in June 2000 is defined as:

'A marriage conducted without the valid consent of one or both parties where duress is a factor.'

'A forced marriage is a marriage in which one or both spouses do not (or in the case of some adults with learning or physical disabilities, cannot) consent to the marriage and duress is involved. Duress can include physical, psychological, financial, sexual and emotional pressure.'

Forced marriage is a violation of human rights and is contrary to UK law, including the Matrimonial Causes Act 1973, which states that a marriage shall be avoidable if; 'either party to the marriage did not validly consent to it, whether in consequence of duress, mistake, unsoundness of mind or otherwise.'

A forced marriage differs from an arranged marriage, in which both parties consent to the assistance of their parents or a third party in identifying a spouse, although the difference between the two may be indistinct.

Forced marriages are generally made because of family pride, the wishes of the parents, or social obligation.

The United Nations sees forced marriage as a form of human rights abuse, since it violates the principle of the freedom and autonomy of individuals.

For more information on honour based violence and forced marriage follow these links: [www.fco.gov.uk/forcedmarriage](http://www.fco.gov.uk/forcedmarriage) or [www.karmanirvana.org.uk](http://www.karmanirvana.org.uk) or [www.anncrafttrust.org](http://www.anncrafttrust.org)

## ***Female Genital Mutilation (FGM)***

Multi-agency guidelines on FGM for those with statutory duties to safeguard adults can be found via the following link: [statutory-guidance-on-female-genital-mutilation](#)

## **4.4 Hate crime and mate crime**

**Interface with safeguarding adults; if an adult at risk, be subject to hate or mate crime, these multi-agency procedures will need to be followed in conjunction with your own internal procedures for hate and mate Crime.**

### ***Hate crime***

Hate crime is any criminal offence that is perceived by the victim, or by another person, to be motivated by a hostility or prejudice based upon the person's

- Disability
- Race, colour, ethnic origin, nationality or national origins
- Sexual orientation
- Gender or gender identity
- Religion or belief

Hate crime can be committed in many forms. This might include verbal abuse, insults, threats and name-calling, damage to property, graffiti or writing, on-line bullying, malicious complaints, anti-social behaviour,

attacks or violence, arson and the setting of fires.

### ***Mate crime***

Mate crime is where an individual pretends to be friends with a person with a disability; the individual uses the disabled person instead of being a good friend. The individual may have been known to the disabled person for a long time or may have just met with them.

A 'mate' may be a friend, family member, supporter, paid staff or another person with a disability. Mate crime is committed by someone known.

Mate crime does not start with bullying, but starts with people saying they are a friend. It often happens in private and is not seen by others.

Mate crimes are disability hate crimes.

For more information on hate crime follow this link: [www.stophateuk.org](http://www.stophateuk.org)

## **4.5 Anti-social behaviour (ASB)**

**Interface with safeguarding adults - if an adult at risk is subjected to anti-social behaviour, these multi-agency procedures will need to be followed in conjunction with your own internal procedures for anti-social behaviour.**

Anti-social behaviour (ASB) is behaviour that is 'acting in a manner that caused or is likely to cause harassment, alarm or distress to one or more persons not of the same household (as the defendant)' (Crime and Disorder Act 1998).

There have been many examples in recent years of individuals who have had their lives blighted by anti-social behaviour, including some which have resulted in the deaths of the victims; Fiona Pilkington killed herself and her disabled daughter in 2007 after years of harassment; Gary Newlove was killed after he confronted a group of teenagers; and the death of David Askew, a man with learning difficulties who collapsed and died when confronting youths.

There are many types of anti-social behaviour including aggression, cruelty, violence, theft, vandalism, lying, manipulation, and drug and alcohol abuse.

In Nottinghamshire, there are Community Safety Partnerships (CSP) for every borough and district. In Nottingham the CSP is known as the Crime and Drugs Partnership.

Linked to the CSPs are groups that meet on a regular basis to discuss and problem solve incidents of anti-social behaviour that adult at risks are subjected to. These are called Complex Person's Panels.

For more information on the groups within your area please contact your local community safety partnership.

## **4.6 Unlawfully depriving someone of their liberty**

**Interface with safeguarding adults - if an adult at risk is being unlawfully deprived of their liberty, these multi-agency procedures will need to be followed in conjunction your own internal procedures for Deprivation of Liberty Safeguards (DoLS)**

Deprivation of liberty safeguards apply to people who have a mental disorder or disability of the mind, such as dementia or a profound learning disability and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given treatment, and who need to be cared for in a way which requires significant restriction.

For more information on MCA and DoLS follow this link: [MCA & DoLS](#)

#### 4.7 Human trafficking

**Interface with safeguarding adults - if an adult at risk is identified as a victim of human trafficking, these multi-agency procedures will need to be followed in conjunction with your own internal procedures for human trafficking.**

Human trafficking is a crime against humanity. It involves an act of recruiting, transporting, harbouring or receiving a person through a use of force, coercion or other means, for the purpose of exploiting them. Every year, thousands of men, women and children fall into the hands of traffickers, in their own countries and abroad. Every country in the world is affected by trafficking, whether as a country of origin, transit or destination of victims.

For more information about human trafficking follow this link: [Human Trafficking](#)

#### 4.8 Violent extremism

**Interface with safeguarding adults - if an adult at risk is identified as or is subjected to exploitation into violent extremism, these multi-agency procedures will need to be followed in conjunction with your own internal procedures for violent extremism.**

Individuals may be susceptible to exploitation into violent extremism by radicalisers. Violent extremists often use a persuasive rationale and charismatic individuals to attract people to their cause. The aim is to attract people to their reasoning, inspire new recruits and embed their extreme views and persuade vulnerable individuals of the legitimacy of their cause.

‘Channel’ is the multi-agency safeguarding process which is now in place across the country to ensure a safeguarding approach to protect individuals or groups who may be vulnerable to recruitment by violent extremists. Channel provides a mechanism for supporting those who may be vulnerable to violent extremism by assessing the nature and the extent of the potential risk and, where necessary, providing an appropriate support package tailored to an individual’s needs.

The Prevent strategy is part of the UK Counter-Terrorism Strategy known as Contest. The strategy involves thousands of people – police and intelligence officers, the emergency services, local authorities, businesses, voluntary and community organisations, governments and other partners – working in partnership across the UK and the world to protect the public.

The strategy has four key elements:

- Pursue – to stop terrorist attacks
- Prevent – to stop people becoming terrorists or supporting violent extremism
- Protect – to strengthen our protection against terrorist attack
- Prepare – where an attack cannot be stopped, to mitigate its impact

For more information follow this link: [Violent Extremism](#)

## 4.9 Pressure Ulcer Damage

Before considering whether to make a Safeguarding Adults Referral in respect of Pressure Ulcer damage you must first complete the forms in the Department of Health's Pressure Ulcer protocol available via this link:

[Pressure Ulcer Protocol](#)

## 5 Record Keeping

Good record keeping is a fundamental part of good practice. It is particularly important to make clear, factual and detailed written and / or electronic records when you are told about or witness abuse or neglect against an adult at risk.

**Individual organisations will have their own recording / filing system which all staff should be familiar with and follow.**

**This guidance should be used in addition to, rather than instead of that.**

### 5.1 General advice

The following may be useful when keeping records or taking notes regarding safeguarding adults concerns:

- Where possible you should make notes at the time you are being told about a concern
- Explain to the person raising the concern that you are taking notes so that you can be accurate in your recording
- Use the person's own words where possible
- In some circumstances it would not be appropriate to be taking notes at the time the allegation is being made
- Make a written report as soon as possible afterwards. Try to remember what the adult said, using their own words and phrases  
Use a pen or biro with black ink if you possibly can
- In your written report factual information should be clearly separated from expression of opinion
- Sign, date and time your report
- Be aware that your report may be required later as part of a legal action or disciplinary procedure or litigation claim
- In all recording, proper consideration must be given to the requirements of current data protection legislation
- Detailed records of abuse **should not** be kept on an open file unless to do so would impede the Freedom of Information Act 2000

#### **A note from the Police and Crown Prosecution Service regarding record keeping and 'Third Party Material':**

**All agencies need to be aware that where there is a criminal prosecution the police and CPS are required to check whether there is any material that is not in the possession of the police which may have relevance to the case. For example, health and / or social work records may contain information which is either of evidential value or may be undermining to the prosecution. If this material is of evidential value, the police may need to take further statements. If the material is undermining or may be of assistance to the defence case, the prosecution team will need access to the material, which may then need to be disclosed to the defence.**

**If the owner of that material does not consent to this, a court order will have to be sought for disclosure.**

**With this in mind, it is essential that staff in all organisations maintain accurate records at all times.**

## **5.2 Referrals**

You should keep documented records about your decision whether to make a referral or not and any other actions that you have taken as a result of the safeguarding concern and these should be kept on the adult's record. It may be useful to include a body map and photographs of bruises where this is appropriate.

## **5.3 Storing DATA**

When considering the storage of data your own internal procedures will need to be followed.

## 6 Preserving Evidence

**WHILST YOUR EFFORTS TO PRESERVE EVIDENCE MAY BE VITAL,  
YOUR FIRST CONCERN IS THE IMMEDIATE HEALTH  
AND WELLBEING OF THE ADULT AT RISK.**

### 6.1 Introduction

The Police will follow their own internal guidelines for preserving evidence.

When Police involvement is required following suspected physical or sexual abuse, they are likely to be on the scene quickly. To enable the Police to investigate effectively, **it is imperative that vital evidence is preserved**. For the short time before the Police arrive, what you do or do not do can make a vital difference. What follows is a checklist that may help to ensure that evidence is not destroyed.

#### 6.1.1 In all cases, the following apply:

- Where possible, leave things as they are. If anything has to be handled, keep this to a minimum. **Do not clean up. Do not touch what you do not have to.**
- **Leave weapons where they are unless they are handed to you.** If you have to receive them, take care not to destroy fingerprints. Do not wash anything or in any way remove fibres, blood etc.
- **If you are handed any items of possible interest**, e.g. a weapon, put them in separate paper bags, which must be sealed and given, unopened to a Police Officer. Note on the bags what is contained and store in a secure place.
- **Only where necessary (if they are un-wearable)**, change and preserve the clothing and footwear of the victim. Handle these as little as possible and store them in separate sealed bags. Hand the sealed bags to a Police Officer.
- Preserve anything used to comfort or warm a victim, e.g. a blanket.
- Note in writing the state of the clothing of both the victim and the alleged perpetrator. Note the injuries in writing. Make full written notes on the conditions and the attitudes of the people involved in the incident.
- Care should be exercised that there is no cross-contamination between the victim and the alleged perpetrator. Therefore, members of staff attending to the victim should not have any contact with the alleged perpetrator and vice versa.
- Note and preserve any obvious evidence such as footprints or fingerprints.
- Secure the room and do not allow anyone to enter until the police arrive.
- Any written record relating to the incident or its surrounding circumstances should be preserved and made available to the Police. Any decisions made by senior managers should also be recorded and made available to the Police.

#### 6.1.2 In addition, in the case of sexual abuse, the following apply:

- It is crucial for both the victim and the alleged perpetrator to be medically examined for forensic evidence at the earliest opportunity (this examination would normally be carried out at the Sexual Assault Referral Centre). Whilst respecting the wishes of the victim, they should be discouraged from washing or bathing until such time as an examination has been undertaken

- Try not to have any person in physical contact with both the victim and the alleged perpetrator as cross-contamination can destroy evidence. This may be difficult if you are alone on duty and need to speak to or have contact with both parties, but be aware that any one touching both the victim and the alleged perpetrator will cross-contaminate
- Preserve bedding where appropriate
- Note and preserve any bloody items
- Preserve any used condoms

In any instance where a victim is seriously injured and is taken to hospital, ask that a sample of blood be taken before any transfusion, as a transfusion will invalidate any evidence in relation to blood.

## 6.2 Methods of preservation

- For most things, use clean brown paper, a clean brown paper bag or a clean envelope if possible. If using an envelope, do not lick it to seal
- For liquids, use clean glassware
- For knives and other metal objects, use a polythene bag
- For fire damaged materials, use a nylon bag

These are obviously ideal solutions and may not be possible at the time of a trauma. However, do the best you can.

# 7 Safeguarding Adults and the Law

## 7.1 Introduction

The general legal framework for the protection of adults at risk from abuse in England and Wales derives from an assortment of legislation, guidance and ad hoc court interventions which are wide ranging, unlike the single statutory framework that exists in Scotland or the structured legal framework concerned with vulnerable children. Below are some areas that may be useful.

## 7.2 Care Act 2014

The Care Act 2014 puts adult safeguarding adults on a legal footing and requires that each Local Authority must:

- Make enquiries, or cause others do so, if it believes an adult is subject to, or at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to stop or prevent abuse or neglect, and if so, by whom
- Set up a Safeguarding Adults Board (SAB) with core membership from the local authority, the Police and the NHS (specifically the local Clinical Commissioning Groups) and the power to include other relevant bodies
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other appropriate adult to help them
- Cooperate with each of its relevant partners in order to protect adults experiencing or at risk of abuse or neglect.



### 7.3 Mental Capacity Act 2005

The Mental Capacity Act 2005 provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves.

The introduction of the Mental Capacity Act Code of Practice gives the following guidance on who the Code of Practice is for:

- ‘Certain categories of people are legally required to ‘have regard to’ relevant guidance in the Code of Practice. That means they must be aware of the Code of Practice when acting or making decisions on behalf of someone who lacks capacity to make a decision for themselves, and they should be able to explain how they have had regard to the Code when acting or making decisions.’ See the Code of Practice for details of those categories
- The Act applies more generally to everyone who looks after, or cares for, someone who lacks capacity to make particular decisions for themselves. This includes family carers or other carers. Although these carers are not legally required to have regard to the Code of Practice, the guidance given in the Code will help them to understand the Act and apply it. They should follow the guidance in the Code as far as they are aware of it.’

For more detailed guidance on MCA codes of practice follow this link: [Joint MCA document](#)

### 7.4 Human Rights and Equality

The Human Rights Act (HRA) 1998 is a key component for safeguarding as it requires respect for human rights and encourages high standards of practice by public bodies. It not only provides a course of action in cases of abuse but also provides a framework which can further the development of a culture where abuse is not tolerated. Section 6 of the HRA 1998 places a duty on public authorities to comply with the European Convention on Human Rights. The Convention Rights (or Articles of the Convention) which have the most relevance in the context of community care law are Articles 2, 3, 5, 8 and 14:

- Article 2 – The right to life
- Article 3 – Degrading treatment
- Article 5 – Detention
- Article 8 – Private life, family and home

#### 7.4.1 Article 14 – Discrimination

Other statutory provisions must be interpreted so far as it is possible to do so compatibly with the Convention Rights and the exercise of functions must be carried out compatibly with the Rights. In general terms it is unlawful for a public body to act in such a way as to violate a person’s Convention Rights. However, in some instances there is a duty on the public body to positively uphold a person’s Convention Rights as opposed to not interfering with it e.g. respecting a person’s Article 8 rights. Any interference with a person’s Convention Rights must be justified, proportionate and the least restrictive in terms of the options available.

Good practice will be consistent with human rights obligations. However, consideration of the issues needs to be consciously integrated into service delivery and will result in a more focused consideration of individual needs. It will often be necessary to weigh in the balance competing interests under the Convention Rights and where infringement is permitted in the interests of others or the wider public interest, the justification must be well reasoned and clear.

It is particularly important that adults at risk unable to protect themselves receive the benefit of these rights. Since everyone is entitled to the benefit of the Convention Rights it is also important to look beyond the obvious recipient of services and consider who will be affected by their delivery.

The Equality Act 2010 is also of particular significance whenever a public body is developing or implementing safeguarding measures. Section 149 of this Act provides, in respect of people with “protected characteristics”, including age, gender, gender reassignment, race, disability, pregnancy and maternity, religion or belief and sexual orientation, that:

A public authority must, in the exercise of its functions, have due regard to the need to;

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act and advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

## 7.5 Criminal Law

All persons are entitled to the protection of the criminal law and, in addition to the general law; there are a number of specific offences that address persons who are particularly vulnerable. The Police will advise appropriately on these issues. Application of the law is often difficult because of evidential requirements and demands of court processes. In the public interest, the Police require careful and full co-operation from all professionals when dealing with these difficult areas.

**Mental Capacity Act 2005:** Section 44 makes it an offence for anyone caring for, or who is an attorney under a lasting power of attorney or enduring power of attorney, or is a deputy for a person who lacks capacity, to ill-treat or wilfully neglect that person. The provision is limited to people who lack capacity.

**Mental Health Act (MHA) 1983:** Section 127 makes it an offence for managers of hospitals or care homes or their staff to ill-treat or wilfully neglect a patient (whether detained or not) who is receiving treatment for their mental disorder in that establishment. In addition, it is an offence for any individual to ill-treat or wilfully neglect a mentally disordered person who is subject of their guardianship under the MHA 1983. However, it is limited procedurally because proceedings can only be brought with the permission or “leave” of the Director of Public Prosecutions.

**Sexual Offences Act 2003:** Sections 20-33 create offences that rely on the inability of the person to refuse the sexual activity on account of lack of capacity or where the person is unable to communicate refusal. Sections 34-37 relate to situations where the person suffering from a mental disorder is induced, threatened or deceived into sexual activity where the perpetrator knows or could reasonably be expected to know that the person suffered a mental disorder. Sections 38-41 relate to care workers where the assumption is that the worker must have known or reasonably expected to have known that the person had a mental disorder and do not rely on the inability of the victim to refuse.

**Domestic Violence, Crime and Victims Act 2004:** Section 5 makes it an offence to cause or allow the death of a child or adult at risk and is designed to address the evidential problem of proving who in that household was actually responsible for causing or allowing the death to occur. In such circumstances a person is guilty of an offence if there was significant risk of serious physical harm, and the person either caused the victim’s death, or ought to have been aware of the risk and failed to take steps to protect the victim, and the act occurred in circumstances that the person foresaw or ought to have foreseen. The definition of household includes people who do not live in the property but whose visits are sufficiently

Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults at Risk Guidance frequent for them to be counted as a member of such.

**Domestic violence, crime and victims (amendment) Act 2012:** The 2012 Act extends the offence of causing or allowing the death of a child or an adult at risk in section 5 of the 2004 Act (“the causing or allowing death offence”) to cover causing or allowing serious physical harm (equivalent to grievous bodily harm) to a child or adult at risk (“the causing or allowing serious physical harm offence”). Sections 5 and 6 of the 2004 Act were enacted to deal with the situation where it was clear that one of a number of adults in a household was responsible for the death of a child or vulnerable adult in that household but it could not be proved which one. The 2012 Act is intended to fill a recognised gap in the law in cases where, although it is clear that serious injuries short of death suffered by a child or adult at risk must have been sustained at the hands of one of a limited number of members of the household, there is insufficient evidence to point to the particular person responsible. Like the causing or allowing death offence and section 6 of the 2004 Act, the causing or allowing serious physical harm offence and new section 6A of the 2004 Act together form a package of measures intended to prevent those accused of causing serious physical harm to a child or adult at risk from escaping justice by remaining silent or blaming someone else.

**Fraud Act 2006:** Section 4 concerns “fraud by abuse of position” and makes it an offence for a person who occupies a position where he or she is required to safeguard (or not act against) the financial interests of another person, to dishonestly abuse that position, with the intent of self-benefit or to benefit others.

**Serious Crime Act 2015** created a new offence of coercive and controlling behaviour in intimate and familial relationships. This offence will impose a maximum 5 years imprisonment, a fine or both.

## 7.6 Financial Exploitation

The Nottingham & Nottinghamshire Multi-Agency Policy and Procedures includes an expectation that adults at risk will be protected from financial exploitation. This will require consideration of welfare benefits provision, Court of Protection powers and the misuse of powers of attorney in addition to many aspects of the criminal law. Liaison with finance houses regarding their arrangements for dealing with the affairs of adults at risk may be appropriate and effective.

## 7.7 Civil Law

A range of remedies are available to individuals to seek protection through the courts for themselves and their assets. The ability of public authorities to access these provisions on behalf of others is limited and good links with private solicitors experienced in these areas and who can act on their behalf need to be developed. In some cases the intervention of state agencies with responsibility to act for those who are not competent to protect their own interests and give instructions may be necessary.

## 7.8 Public Law

The statutes providing for services to adults were, for the most part, drafted without consideration of human rights or concepts of protection of the adult at risk from abuse, neglect and exploitation. They are complex and piecemeal. It is necessary to consider existing provisions with imagination in their interpretation and application.

The human rights imperatives will assist as will the obligation on Local Authorities under Section 17 of the Crime and Disorder Act 1998 to carry out their various functions with due regard to the likely effect on, and the need to do all that they reasonably can to prevent crime and disorder in their areas.

Community care provisions concerned with the needs of disabled, elderly and infirm persons, environmental health and housing powers and those related to harassment and anti-social conduct will be relevant.

## **7.9 Deprivation of Liberty Safeguards (DoLS)**

The Deprivation of Liberty Safeguards (DoLS) apply to people who have a mental disorder or a disability of the mind, such as dementia or a profound learning disability, and who do not have mental capacity to decide whether or not they should be accommodated in the relevant care home or hospital to be given care or treatment, and who need to be cared for in a way which requires significant restriction.

For more detailed guidance on DoLS follow this link: [DoLS Code of Practice](#)

## **7.10 Confidentiality**

The important duties in relation to adults at risk cannot be met without effective and appropriate sharing of relevant information, some of which may usually be regarded as confidential between a practitioner and patient or client. Protection for the adult at risk is only possible, and services may only be appropriately co-ordinated, if those forming judgments about necessary action have access to all the relevant information.

The principles concerning the protection and disclosure of information are governed by the Data Protection Act 2018 together with application of the HRA 1998 principles. The Act applies several basic principles to the collection, use, disclosure, restriction, erasure or destruction of information. These essentially require data to be processed fairly, legally, accurately and that the information be retained no longer than necessary, they restrict the transfer of data as well as unnecessary reprocessing of data, and require organisations holding such information to take appropriate measures to restrict unauthorised access to it.

Data protection and human rights legislation has increased the need to be able to justify disclosure. However, neither legislation nor ethical principles are intended to increase the vulnerability of those requiring protective action or make it more difficult to act to give that protection. They are concerned with promoting good practice and ensuring that information is shared on a need to know basis and can be justified after carefully considering the implications and in particular the purpose for which it will be used.

It is important that disclosure of information takes place according to principles of good practice and on a need to know basis. Those seeking disclosure should be clear about the reasons information is required and the purposes for which it is likely to be used.

Confidential information can be shared if required in performance of a statutory obligation, necessary to protect from harm or if it is in the public interest to do so. It is clearly in the public interest that the framework of protection required by Government and set out in the guidance operates effectively and that those unable to protect themselves are protected.

Provisions of the Crime and Disorder Act 1998 encourage effective sharing of material in the interests of reducing crime and disorder and complement the public interest obligation for public agencies to co-operate with the detection and prevention of serious crime. Section 115 allows any person, who otherwise would not have the power to disclose information, to do so where this is to Police, Local Authority, Probation or Health Authority, and is necessary or expedient for the purposes of any provision of the Act.

## 8 Creating your own Internal Procedures

Each organisation should, in addition to these multi-agency procedures and guidance documents, have their own internal procedures detailing how allegations of abuse and safeguarding adults' issues are dealt with in their own organisation. This should be consistent with the multi-agency procedures and may detail staff in your organisation responsible for the role of referrer.

This guidance is aimed at assisting organisations in completing their own internal procedures.

### 8.1 Organisations' internal procedures

Organisations' own internal procedures relating to safeguarding adults should be consistent with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults' Procedure and Guidance. They should:

- Include a statement of commitment to safeguard adults at risk of abuse or neglect
- Be consistent with the principles of Making Safeguarding Personal
- Provide guidance on minimising and preventing abuse
- State what to do in an emergency
- Provide details of those responsible for 'referring to the local authority' in your organisation
- Detail key responsibilities for making a referral
- Provide a telephone number and details of how to make a referral
- Detail key responsibilities for the person raising the concern – i.e. their duty to ensure a person's safety and wellbeing and to report
- Include what early intervention actions could be taken in your organisation prior to making a referral to the local authority
- Detail how your organisation will work to undertake section 42 enquiries when the Local Authority causes you to do so
- Detail how you are able to assure the local authority that any safeguarding work undertaken is outcome focused, based on the wishes of the adult (or their representative);
- Reference the role of staff and volunteers
- Provide appropriate and accessible information for services users
- Be cross referenced with other internal policies and procedures within your organisation. For instance domestic violence, hate and mate crime, anti-social behaviour, serious incidents, health and safety, disciplinary policies etc.
- Provide details of where staff can get advice and guidance within their organisation when there are complex and contentious cases

## 8.2 Checklist

The following checklist should be used in conjunction with this guidance to assist you in compiling your organisation's own internal policy and procedures:

1. **Our internal policy and procedures include a statement of commitment to a zero- tolerance of abuse and neglect within our organisation.**
2. **Our internal policy and procedures include guidance on minimising and preventing abuse**
3. **Our internal policy and procedures are consistent with the Nottingham and Nottinghamshire Multi-Agency Safeguarding Adults' Policy, Procedures and Guidance.**
4. **Our internal policy and procedures provide details of what to do in an emergency.**
5. **Our internal policy and procedures provide the correct names of people in our organisation who are responsible for making a referral and contingencies in the absence of these staff.**
6. **Our internal policy and procedures detail the key responsibilities for the person raising a concern in line with the multi-agency procedure.**
7. **Our internal policy and procedures provide telephone numbers and details of how to make a referral.**
8. **Our internal policy and procedures include access to a link to the online referral system.**
9. **Our internal policy and procedures detail key responsibilities for a person raising a concern in line with the multi-agency procedure.**
10. **Our internal policy and procedures detail how our organisation will work to undertake enquiries when the Local Authority causes you to do so.**
11. **Our internal policy and procedures detail how we are able to assure the local authority that any safeguarding work undertaken is outcome focused.**
12. **Our internal policy and procedures provide information about the role of staff and volunteers in relation to safeguarding adults.**
13. **Our internal policy and procedures offer relevant information for service users, families and carers and/or information about where this can be obtained.**
14. **Our internal policy and procedures have been cross referenced with our other internal policy and procedures and are compatible.**
15. **Our internal policy and procedures have details of who is responsible for ensuring that it is updated when necessary.**
16. **Our internal policy and procedures include somewhere where staff can get advice and guidance.**